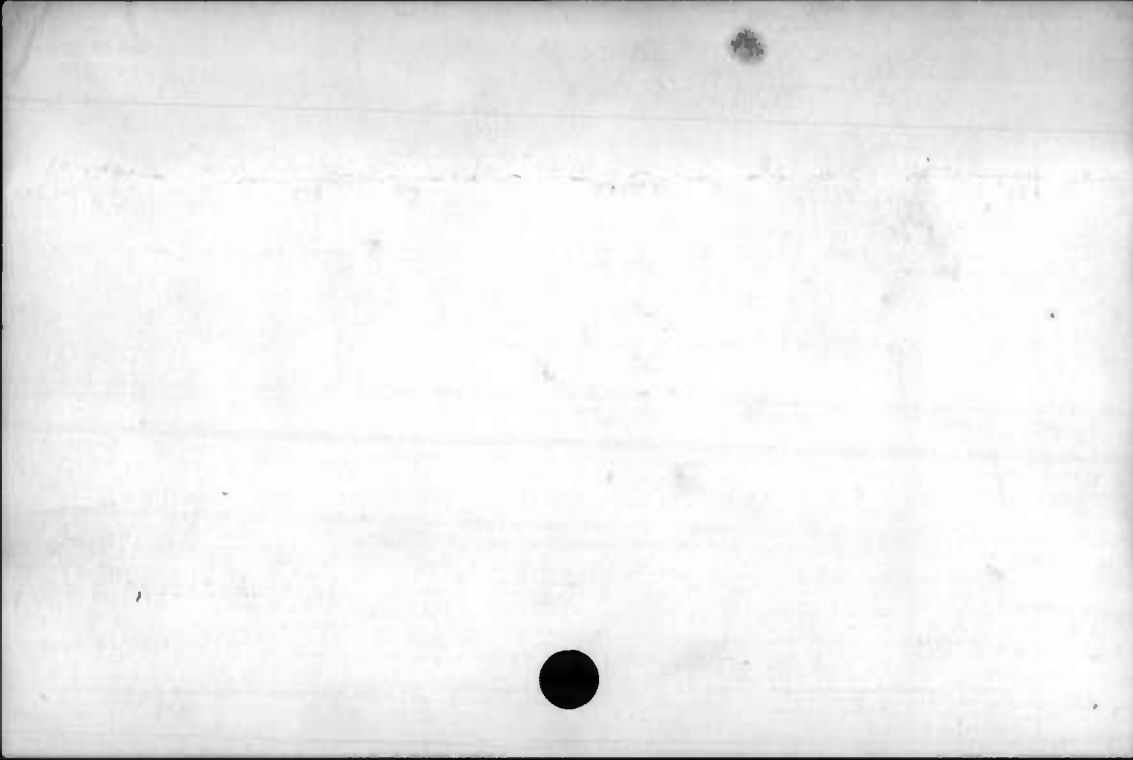


Name in Full		MARGARET DORSEY				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Barber Town		Pulaski Co		MARYLAND		
	Date of death 1903	Month 8	Day 10	Age 90	Years	Months 5	Days 30	
	Sex	Female		Color or Race	White		Birth-place	Baltimore Md
	Marrled, Single or Widowed	Widow			Occupation	none		
	Name of Husband	George Washington Dorsey -						
	Father's Name	Louis Robinson				Father's Birthplace	Baltimore, Md	
	Mother's Maiden Name	Ann Simpson				Mother's Birthplace	" "	
Name of person giving information	Charles Martin				How related to deceased	Son-in-law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Bright's Disease 120				How long	Do not know	
	Immediate	Exhaustion				How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Joseph A Rose Md			
				Address	Trappe, Pulaski Co, Md			
	Accident or Suicide?	~~~~~						



Name in Full

Certificate of Death

William Clarence Robinson

Town

County

MARYLAND

Died at

New Britain

Dist 1

Month Day

Y. M. D.

Native of

Occupation

Date

1903 August 11

Age

1 8

2 weeks

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Robinson

Mother's

Name

Anna Robinson

Cause of

Primary

Colic

105

How long sick

Ten days

Death

Immediate

Born with

Accident, Suicide, Homicide

Reported by

Dr. J. M. H. Salaman

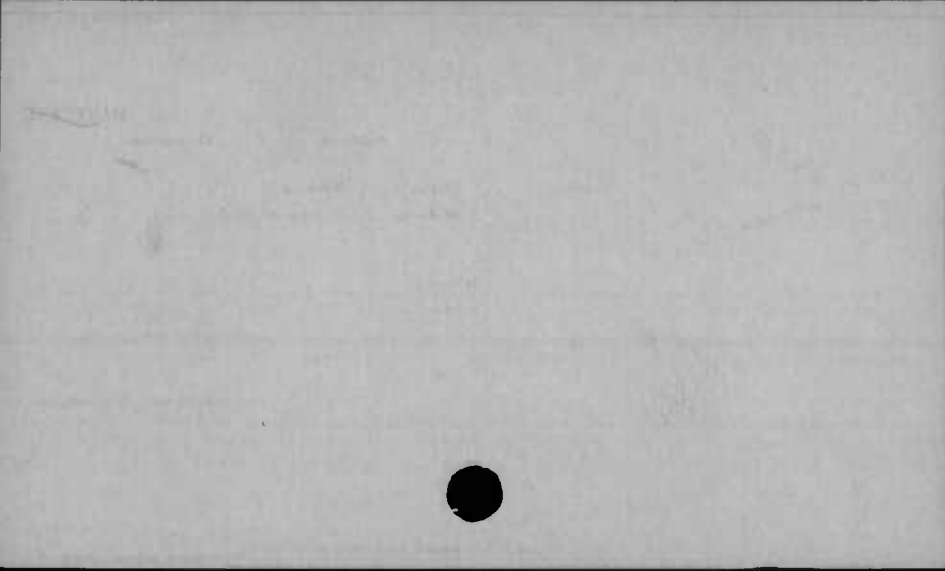
Address

Easha

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name  
in  
Full

Martin Fields

CERTIFICATE OF DEATH

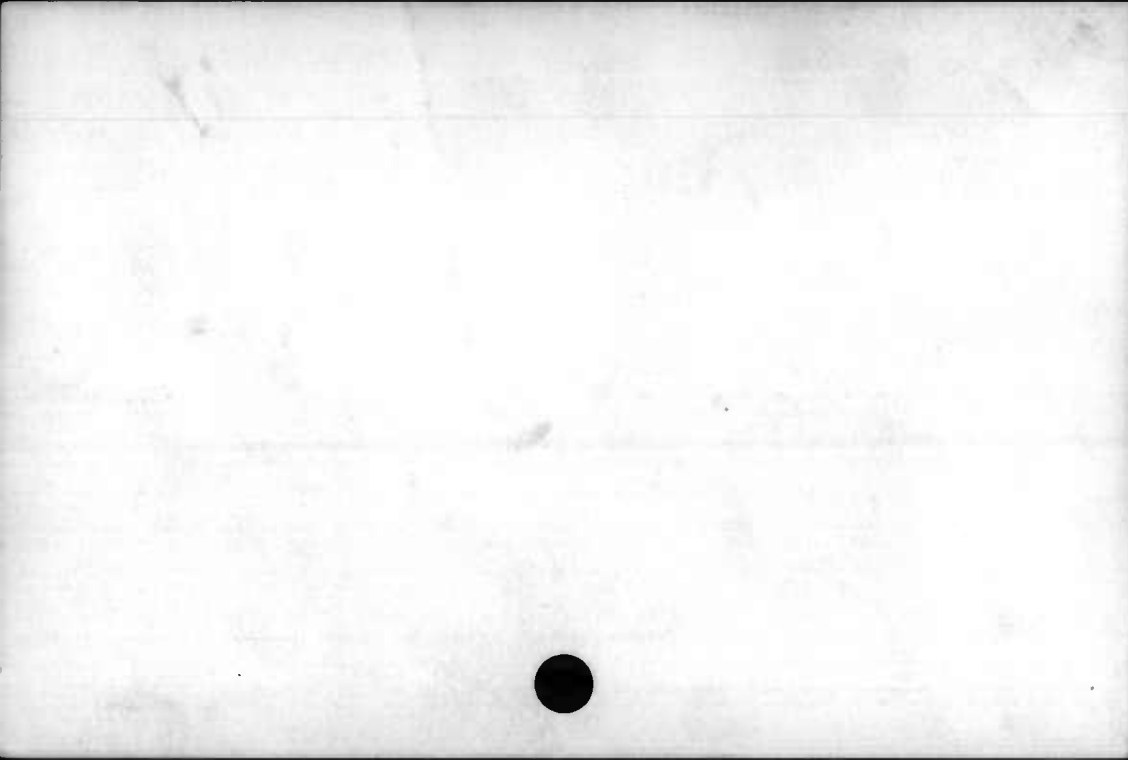
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belvue</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>23</i> Day	Age <i>44</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Royal Oak</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Millie Fields</i>					
Father's Name <i>Edward</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Lizzie Stevens</i>			Mother's Birthplace <i>Ant. Runn</i>		
Name of person giving information <i>Henry Green</i>			How related to deceased <i>Brother Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Drowning - Suicide</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel B. Hibbs</i>
	Address <i>Royal Oak, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Redmond Wilson Gibson  
 Town *Tilghman* County *Talbot* MARYLAND

Date 19

03 Aug 5 Y. M. D. Native of Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

*Willis C. Gibson* 105 *Flora V. Gibson*  
 Maiden Name

Cause of

Primary

*Marasmus*

How long sick

*8 hrs*

Death

Immediate

*As theura -*

Accident, Suicide, Homicide

Reported by

*Dr. S. K. Wilson*

Address

*Tilghman Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Florence R. Gray

Town

County

MARYLAND

Died at

Oxford

Selbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug

19

Age

18

11-10

America

Housework

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

—

Husband

of

Wife

Father's

Name

Haras Gray

Mother's

Maiden Name

Mary E. Baker

Cause of

Primary

Phthisis

How long sick

One year

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

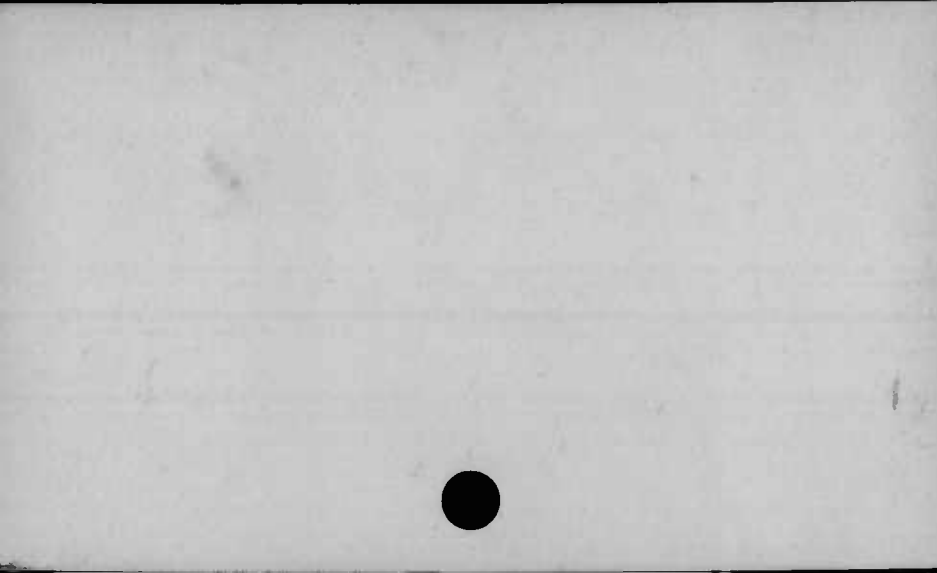
J. A. Stevens

Address

Oxford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Child not named*

Town *Easton* County *Talbot*

Died at *Easton*

Date of death 190 *3* Month *Aug* Day *11th* Age *21th born* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Easton*

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *Lou Milton Green* Father's Birthplace *Easton*

Mother's Maiden Name *Rosa Parker* Mother's Birthplace *Talbot Co*

Name of person giving information *Mrs. Wm. Spivee* How related to deceased *Employer*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Labor* How long *24 hrs.*

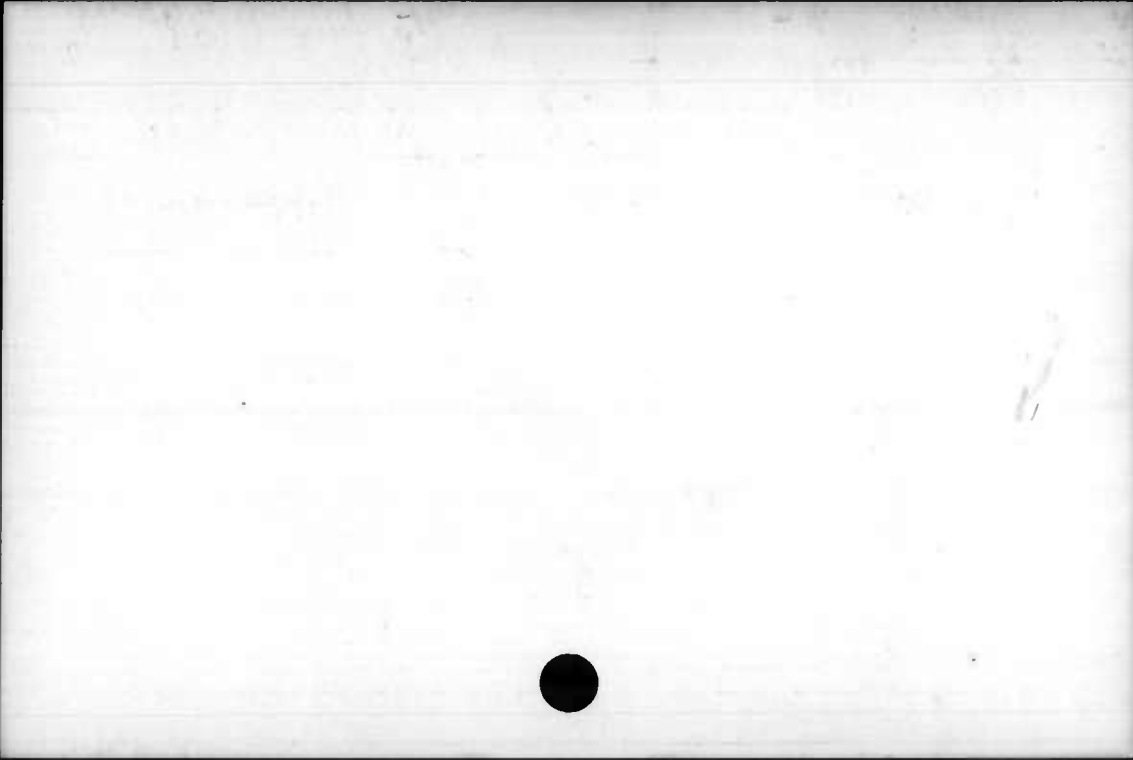
Immediate *Cordic Asphyxia* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

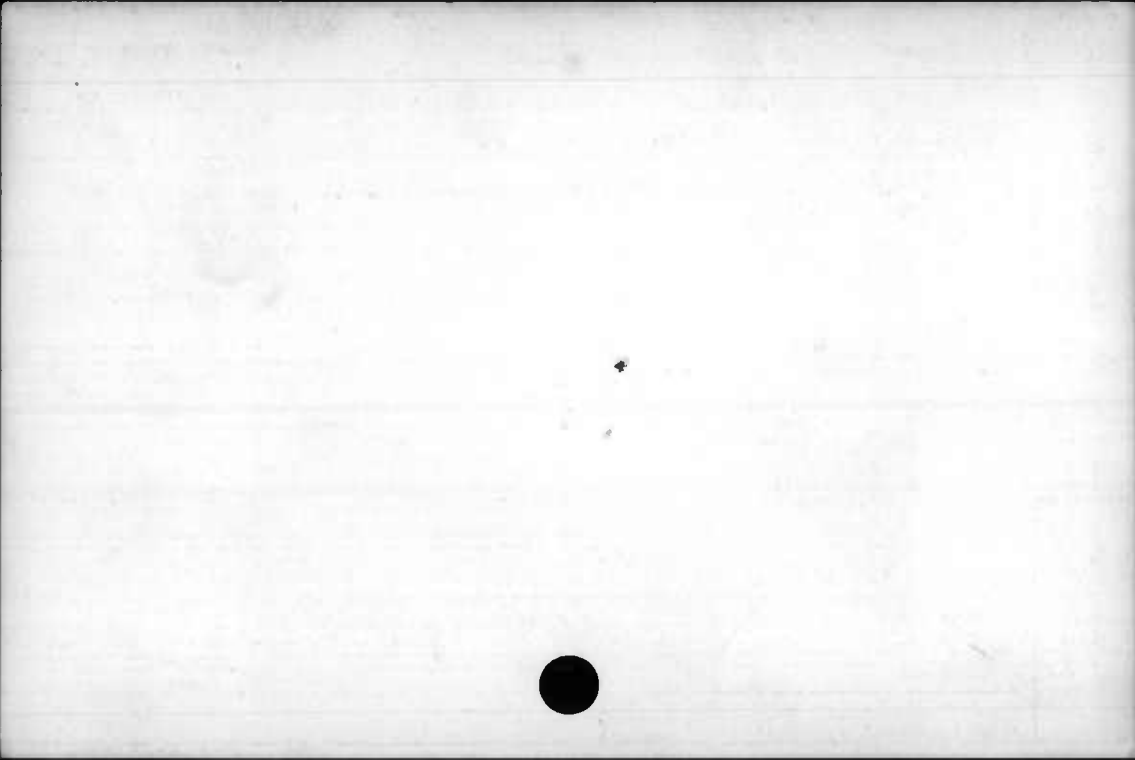
Signature of Physician *Wm. J. Green*

Address *Easton, Md.*

Accident or Suicide?



Name in Full		Mary A H Hadaway				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		nearitt Town		Talbot County		MARYLAND
	Date of death 1903		Aug		4		Age 64
	Sex		Female		Color or Race		White
	Married, Single or Widowed		Married		Occupation		House wife
	Name of Wife or Husband		Thos B Hadaway				
	Father's Name		John D Ball		Father's Birthplace		nearitt
	Mother's Maiden Name		Julian A Ball		Mother's Birthplace		nearitt
Name of person giving information		Thos B Hadaway		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				Inflammation Stomach		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				St Michaels Md			



Name  
in  
Full

CERTIFICATE OF DEATH

Harvey A. Haddaway  
Talbott, Md.

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND	Died at		Talbot, Md.		County	
	Date	Month	Day	Age	Years	Months
	of death 1903		Aug.	9	31	
	Sex	Male	Color or Race	White	Birth-place	Maryland, Md.
	Married, Single or Widowed	Child		Occupation	B. G.	
	Name of Wife or Husband					
TO BE ANSWERED BY NEAREST FRIEND	Father's Name				Father's Birthplace	
	J. Elmer Haddaway				Maryland, Md.	
	Mother's Maiden Name				Mother's Birthplace	
	Jennie Jones				Maryland, Md.	
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information				How related to deceased	
	J. Elmer Haddaway				Father.	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bilious dysentery	How long	about 2 weeks
	Immediate	Heart Failure	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Dr. J. B. Seth.	
PHYSICIAN OR CORONER	Address		St. Michaels, Md.	
	Accident or Suicide?			





Name In Full

Certificate of Death

Margaret Johnson

Town

County

Talbot

MARYLAND

Died at

Date 1903

Month

Day

Aug 11th

Y.

M.

D.

Age

- 6 -

Native of

Md

Occupation

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Ed Gross

Mother's

Maiden Name

Margaret Johnson

Cause of

Primary

Marasmus

How long sick

5 Weeks

Death

Immediate

Exhaustion 105

~~Accident, Suicide, Homicide~~

Reported by

Julius G. Johnson

Address

East-Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Owen Johnson

Died at Easton Town Fuller County MARYLAND

Date 19 03 Aug 13 Y. 1 D. 21 Native of Fuller Occupation Drft.

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

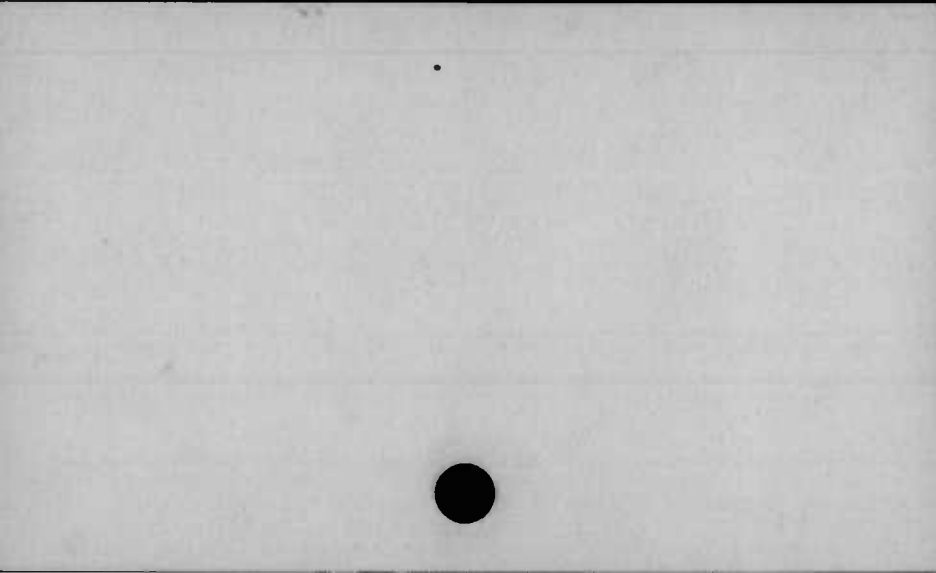
Father's Name Richard Blake Mother's Maiden Name Addie Johnson

Cause of Death { Primary Sun once in office about 4 or 5 weeks How long sick  
 Immediate Yr cells cys with Dysenteric Diarrhoea Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William Kelsor

## CERTIFICATE OF DEATH

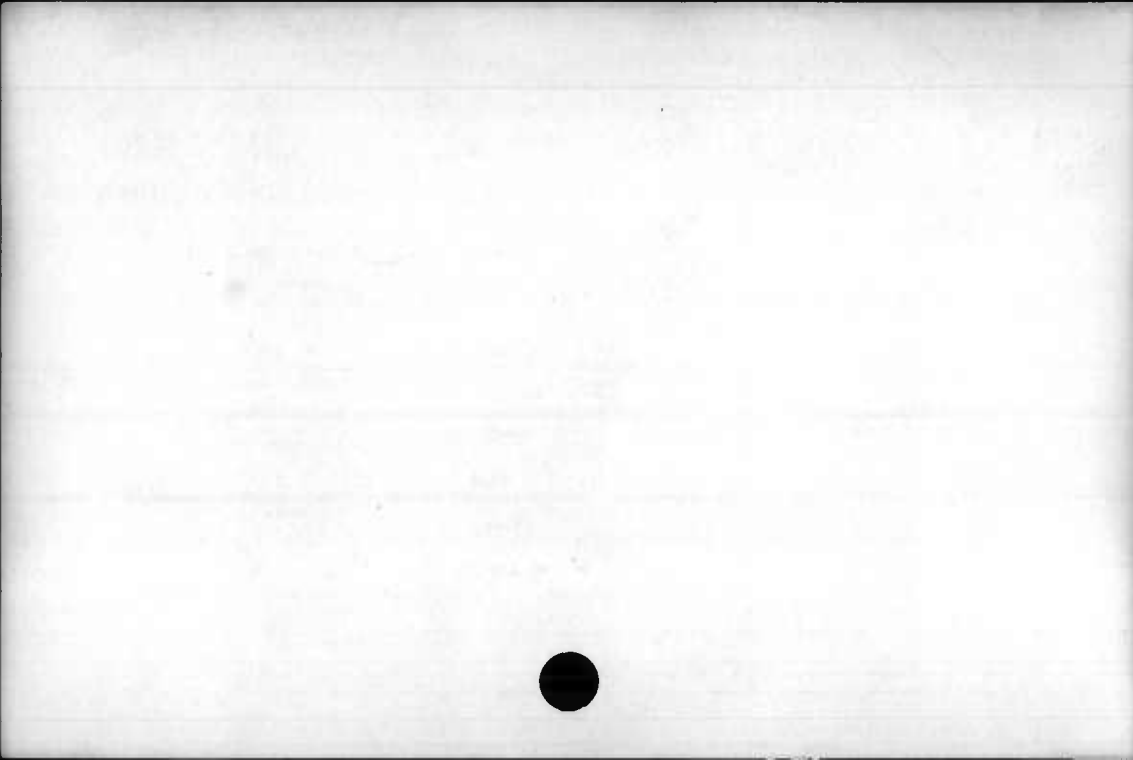
TO BE ANSWERED BY  
NEAREST FRIEND

Died near		Town Snappe		County Talbot		MARYLAND	
Date of death 1903.	Month 8.	Day 26	Age 66	Years	Months	Days	
Sex Male		Color Black		Birth-place Talbot Co. Md			
<del>Married Single</del> or Widowed		Widower		Occupation Laborer.			
<del>Name of Wife or</del> <del>Husband</del>							
Father's Name Allen Kelsor.				Father's Birthplace Talbot Co. Md.			
Mother's Maiden Name Millie				Mother's Birthplace			
Name of person giving information Noah Campen				How related to deceased Nephew by marriage			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	Bright's Disease. 120	How long	Do not know
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Joseph A. Ross, M.D.	
Yes		Address Snappe, Talbot Co., Md	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at

Date 19

Male

Female

Husband  
of

Wife

Father's

Name

Cause of

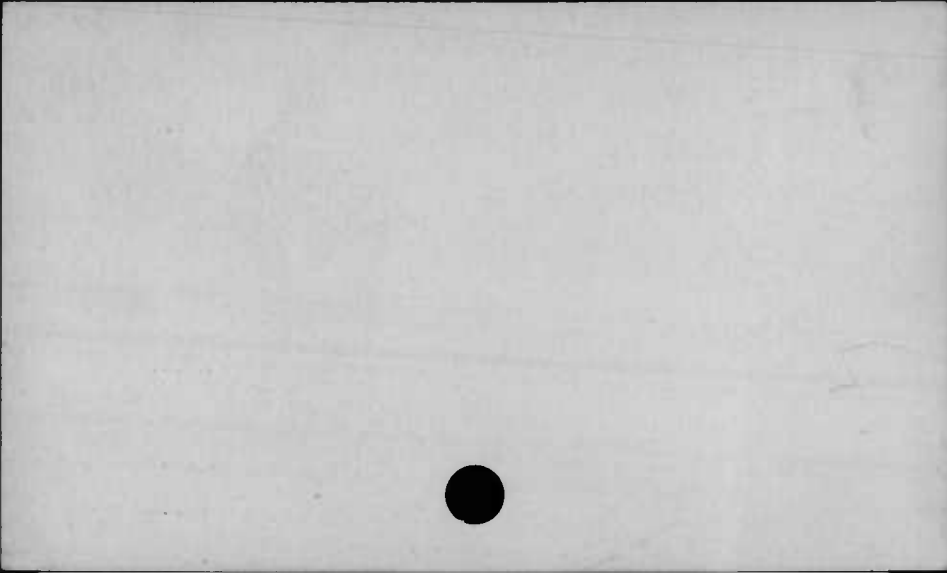
Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Harry A. Kinnamon  
 Town Fairbank County Talbot MARYLAND  
 Date 1903 Aug. 21 Age 35 1 23 Native of Md Occupation Waterman  
 Male White Married Widowed Divorced  
 Female Colored Single Widowed Number of children living 3  
 Husband of Harriett L. Kinnamon  
 Wife  
 Father's Name Robert G. Kinnamon Mother's Name Josephine Kinnamon  
 Cause of Death Primary Phthisis Pulmonalis How long sick 9 mos  
 Immediate " " Hemorrhage Accident Suicide Homicide  
 Reported by Dr. J. K. Nilsson  
 Address 27 Silyman Rd





Name in Full

Certificate of Death

Eva May Kirby

Town

County

Died near

Easton

Talbot

MARYLAND

Date 1903

Month Day  
Aug. 29

Age

Y. M. D.  
2 0 10

Native of

U.S.A

Occupation

Baby

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Ed. P. Kirby

Mother's

Maiden Name

Sally M. Sanders

Cause of

Primary

Chloroform Infarction

How long sick

6 wk

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Davidson

Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Lewis

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

aug. 29

Age

75

-

-

Dorchester

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Susan A. Lewis

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dysentery.

How long sick

1 week

Death

Immediate

Exhaustion

14

Accident, Suicide, Homicide

Reported by

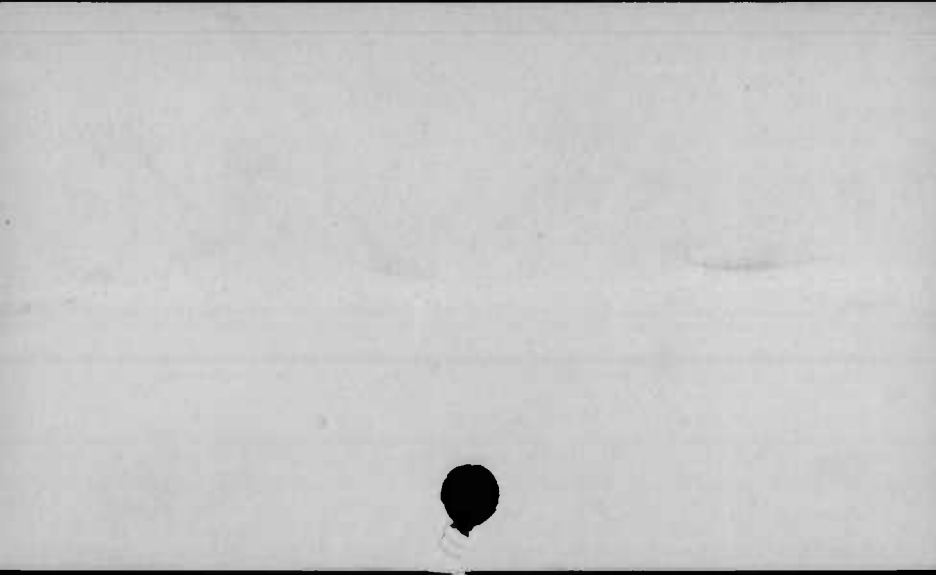
Wm S. Seymour

Address

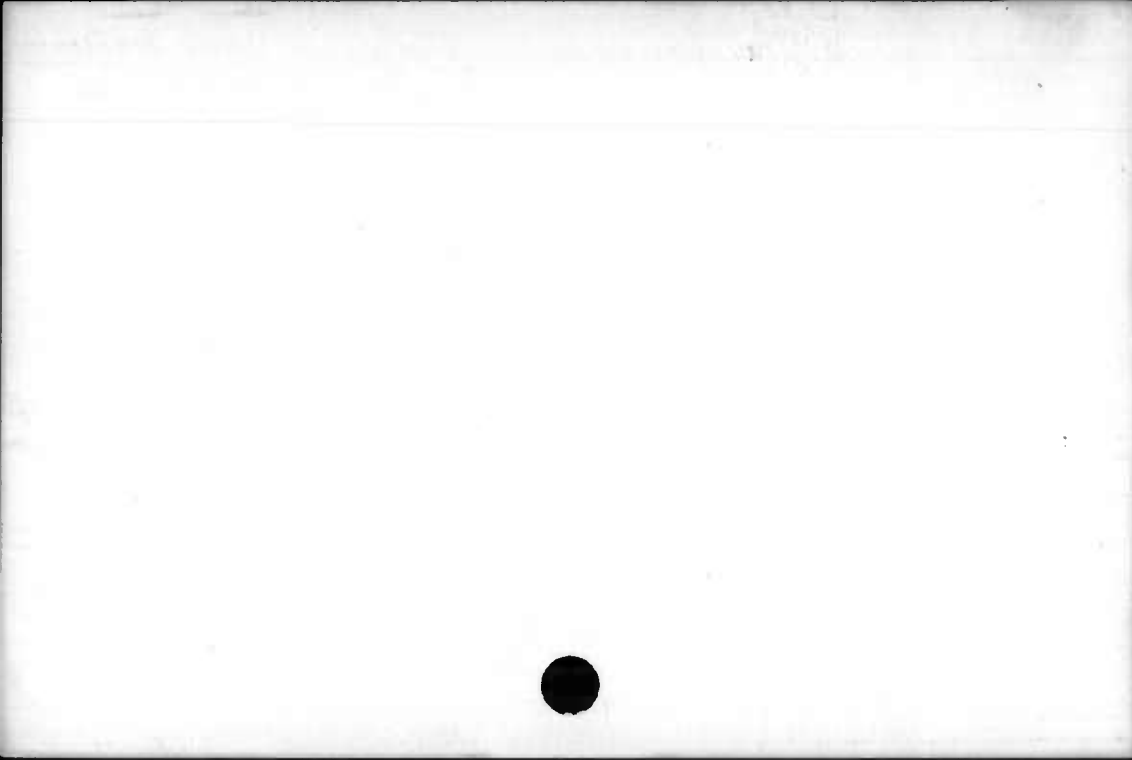
Trappe

Md.

Must be signed by physician, if any in attendance, otherwise by owner, undertaker or minister.



Name in Full		Certificate of Death			
Elizabeth A. Lynch		Town		County	
Died at		Euston		Tulbut	
Date of death		1903	Month	August	Day
		8	Age	78	Years
		4	Months	5	Days
Sex		Female	Color or Race	White	Birth-place
					Euston, Md
Occupation		House		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Wm Bruce		Father's Birthplace	
				Md	
Mother's Maiden Name		Vushti Allen		Mother's Birthplace	
				Md	
Name of person giving Information		Mary Hickman		How related to deceased	
				1/2 Sister	
CAUSES OF DEATH					
Primary		Sensitivity		How long	
		Heart Failure		3 mos	
Immediate		Heart Failure		How long	
				4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
		Euston, Md			
Accident or Suicide?					



Name in Full

Certificate of Death

Etta Mitchell

Town

County

Died at

MARYLAND

Date 19 03 Aug. 10 | Month Aug. | Day 10 | Y. 19 | M. 11 | D. 10 | Native of Ind | Occupation Cook  
 Male Male | White White | Married Married | Widow Widow | Divorced Divorced  
 Female Female | Colored Colored | Single Single | Widower Widower | Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

about 3 weeks  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BOREKU, 79898





Name  
in  
Full

Martha Moore

## CERTIFICATE OF DEATH

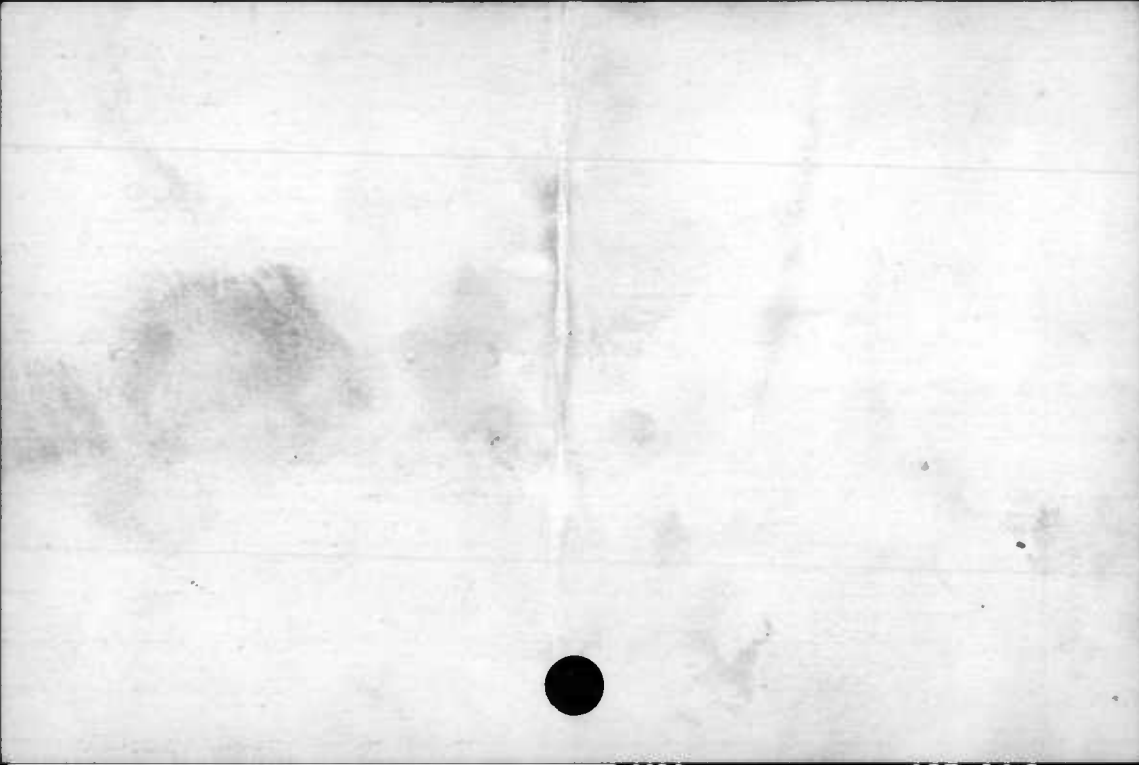
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hopkins neck</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>13</i>	Years <i>26</i>	Months <i>4</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Near Royal Oak</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jos Moore</i>	Father's Birthplace <i>Talbot</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Jos Moore.</i>	How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonaris</i>	How long <i>27</i> & months
Immediate <i>Aschemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James B. Triplett</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? <i>—</i>	



*Abner Morton*  
 Town County

Died at *Oxford* *Talbot* MARYLAND

Date 1903 *Aug* *28* Month Day Y. M. D. Age *78*  
 Native of *Ohio U.S.* Occupation *Farmer*  
 Male *White* Married *Widow* Divorced  
~~Female~~ ~~Colored~~ Single Widower Number of children living *6*

Husband of  
 Wife  
 Father's Name *William Morton* Mother's Maiden Name *Mary Morton*

Cause of Death { Primary *Obstruction of bowels* How long sick *Four days*  
 Immediate *Heart failure* 10<sup>th</sup> ~~Accident~~ ~~Suicide~~, ~~Homicide~~

Reported by *J. A. Stevens*

Address *Oxford*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

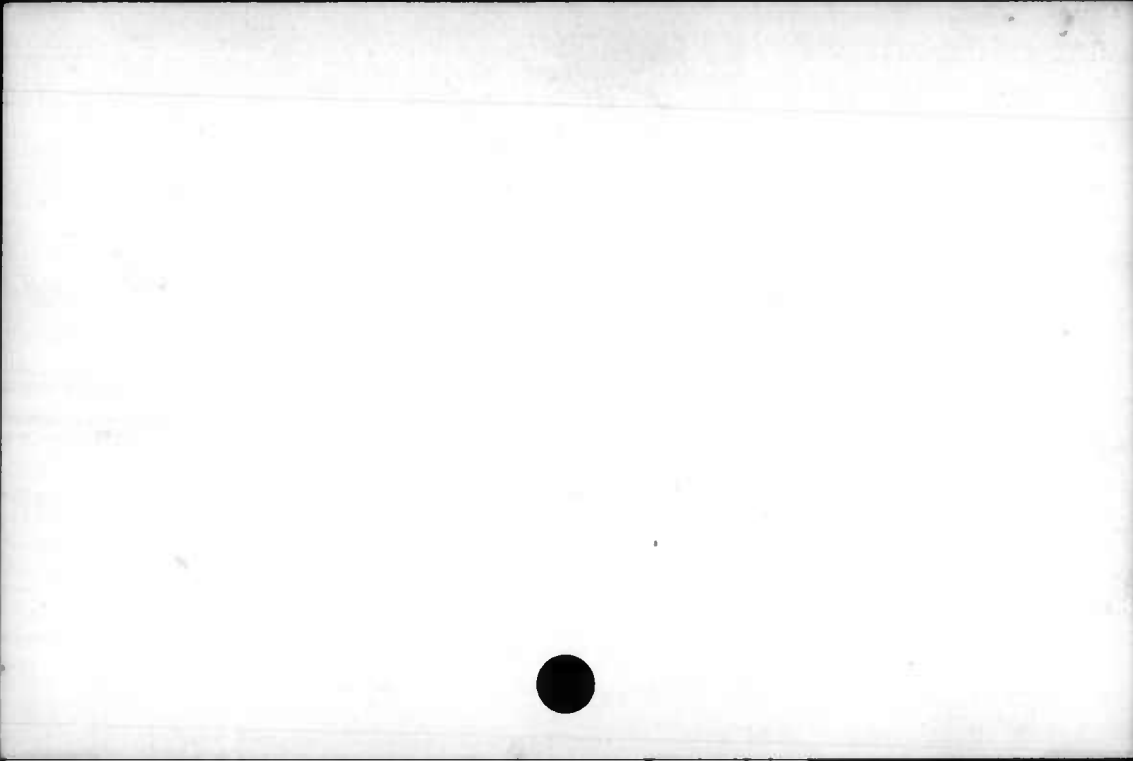
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i> Town		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>5</i> Month <i>aug</i> Day <i>23</i>		Age <i>19</i> Years		Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Stenographer</i>			
Name of Wife or Husband					
Father's Name <i>Patric Martin</i>			Father's Birthplace <i>West River</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Miss Lottie Hamner</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowning</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Grayer</i>
Accident or Suicide? <i>accidental</i>	Address <i>5537 Fifth Ave. Pittsburgh</i>



Name  
in  
Full

Guy W. Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Belvue <sup>Town</sup>Talbot <sup>County</sup>

MARYLAND

Date of death 1903 <sup>Month</sup> Aug24 <sup>Day</sup>Age 17 <sup>Years</sup>— <sup>Months</sup>— <sup>Days</sup>Sex MaleColor or Race WhiteBirth-place Perry NeckMarried, Single or Widowed SingleOccupation Laborer

Name of Wife or Husband

Father's Name William L MyersFather's Birthplace Perry NeckMother's Maiden Name Eva M. MeedsMother's Birthplace Picks PointName of person giving information H. H. MeedsHow related to deceased Grand Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

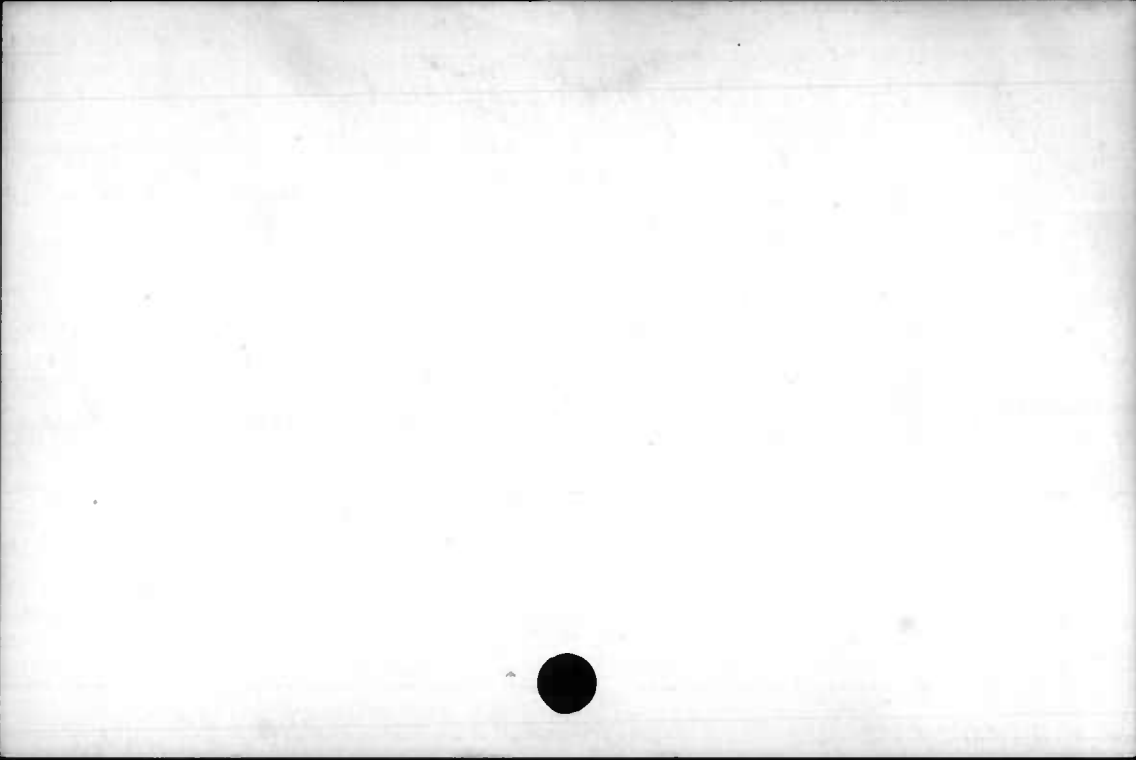
yes

Signature of Physician

J. F. Walear J. P.

Accident or Suicide?

accidentallyRoyal Oak Talbot Co Md.





Name  
in  
Full

## CERTIFICATE OF DEATH

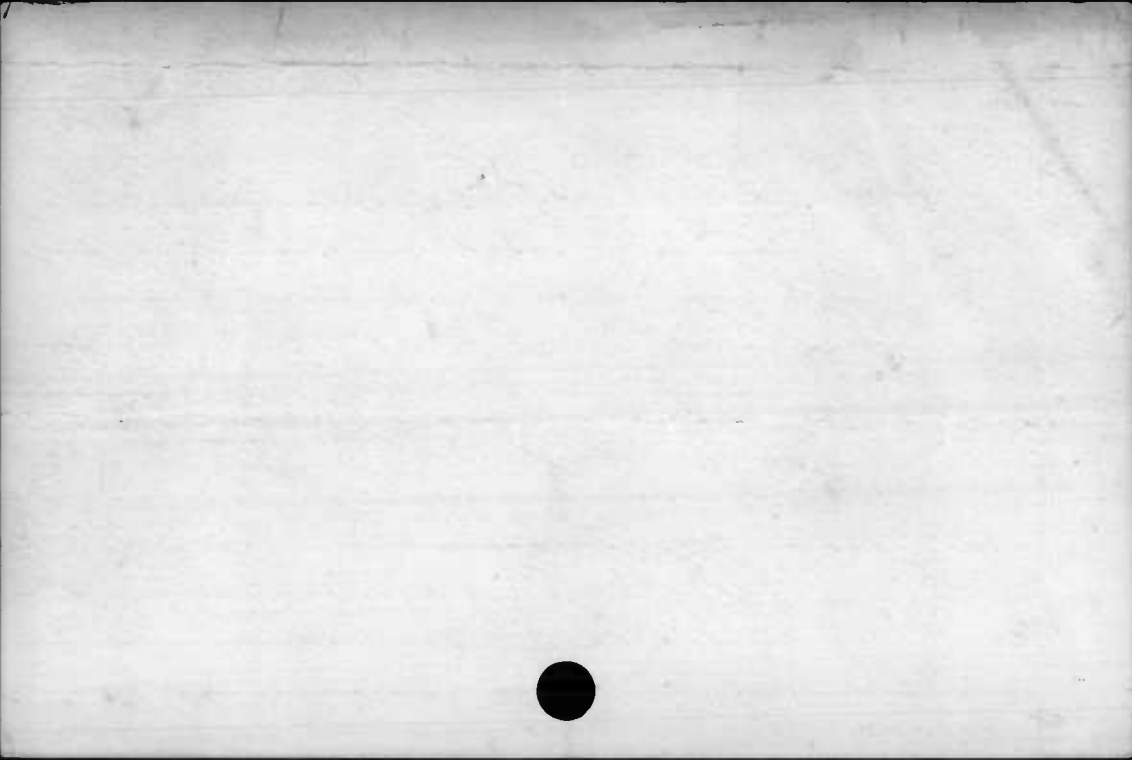
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Wayman Hannon</i>		Town <i>Heavitt</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Heavitt</i>		Month <i>Aug</i>		Day <i>26</i>		Years <i>0</i>	
Date of death 190 <i>3</i>		Months <i>7</i>		Days <i>5</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Heavitt</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>William F Hannon</i>				Father's Birthplace <i>Heavitt</i>			
Mother's Maiden Name <i>Blanch B Hannon</i>				Mother's Birthplace <i>Heavitt</i>			
Name of person giving information <i>Wm F Hannon</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>about 70 days</i>
Immediate <i>Concussion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. B. Lutz</i>
	Address <i>St. Michaels</i>
	<i>Id.</i>
Accident or Suicide? <input type="checkbox"/>	



Not named or reported at birth. Price

Town

County

MARYLAND

Died at

Oxford

Talbot-

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug 21

Age

2 18

Oxford Md

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living —

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Levin Price

Hennie Johns

Cause of

Primary

Do not know, was not

How long sick

Death

Immediate

attended by any doctor

Accident, Suicide, Homicide

Reported by

J. A. Williams

Address

Oxford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Susan Robertson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *St Michaels* <sup>Town</sup>*Dalbert* <sup>County</sup>

MARYLAND

Date  
of death 1903

Month

8

Day

19

Age

Years

53

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Baltimore Md*Married, Single  
or Widowed*Widowed*

Occupation

*Housewife*Name of Wife or  
Husband*Wm H Robertson*Father's  
Name*Jas. H. Valiant*Father's  
Birthplace*Baltimore*Mother's  
Maiden Name*Elyseth De La Viette*Mother's  
Birthplace*Baltimore*Name of person giving  
In formation*Wm H. Robertson*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Organic Heart Disease*

How long

*One year*

Immediate

*Angina Pectoris*

How long

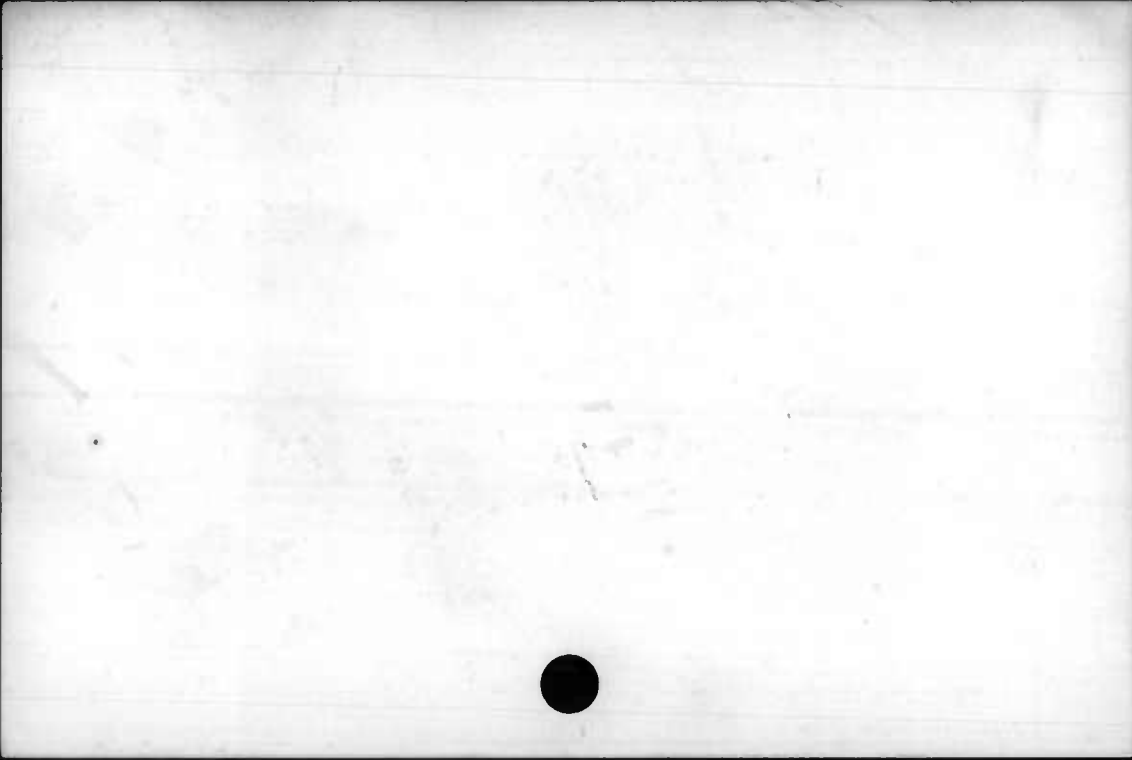
*3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*H. B. Glasecock*

Address

*St. Michaels Md*

Accident or Suicide?

*No*PHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine Seymour

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i>		County <i>Palbot</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>66</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Royal Oak</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Domestic</i>			
Name of Wife or Husband					
Father's Name <i>William Kilmer</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Maria Leonard</i>			Mother's Birthplace <i>Pallaband</i>		
Name of person giving information <i>Geo H. Seymour</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>4 months</i>
Immediate <i>Heart failure</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James L. Trippe</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide?	





Name  
in  
Full

Brovie M Thomas

## CERTIFICATE OF DEATH

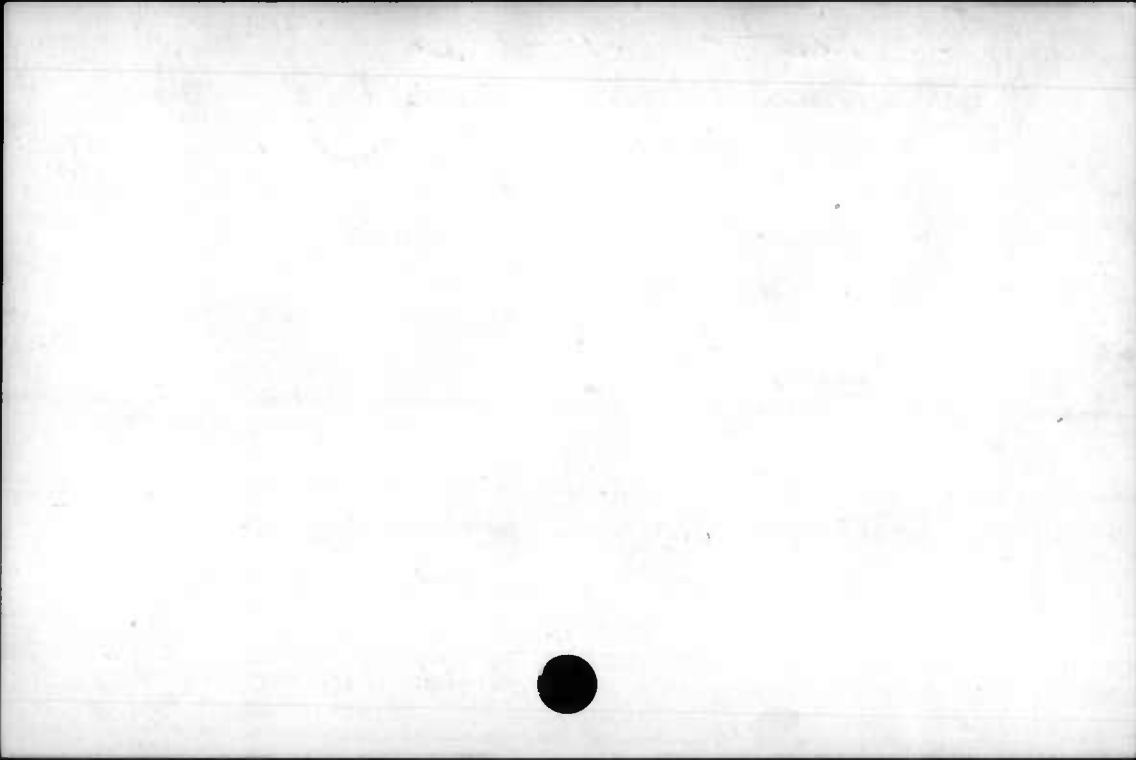
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town McDaniel		County Zalbot		MARYLAND	
Date of death 1903	Month 2	Day 23	Age 1	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place McDaniel				
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name John E. Halton				Father's Birthplace Virginia			
Mother's Maiden Name Ellen Thomas				Mother's Birthplace Royal Oak			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dropsy	How long	1 week 3 days
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. L. Sette		
	Address J. L. Sette		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

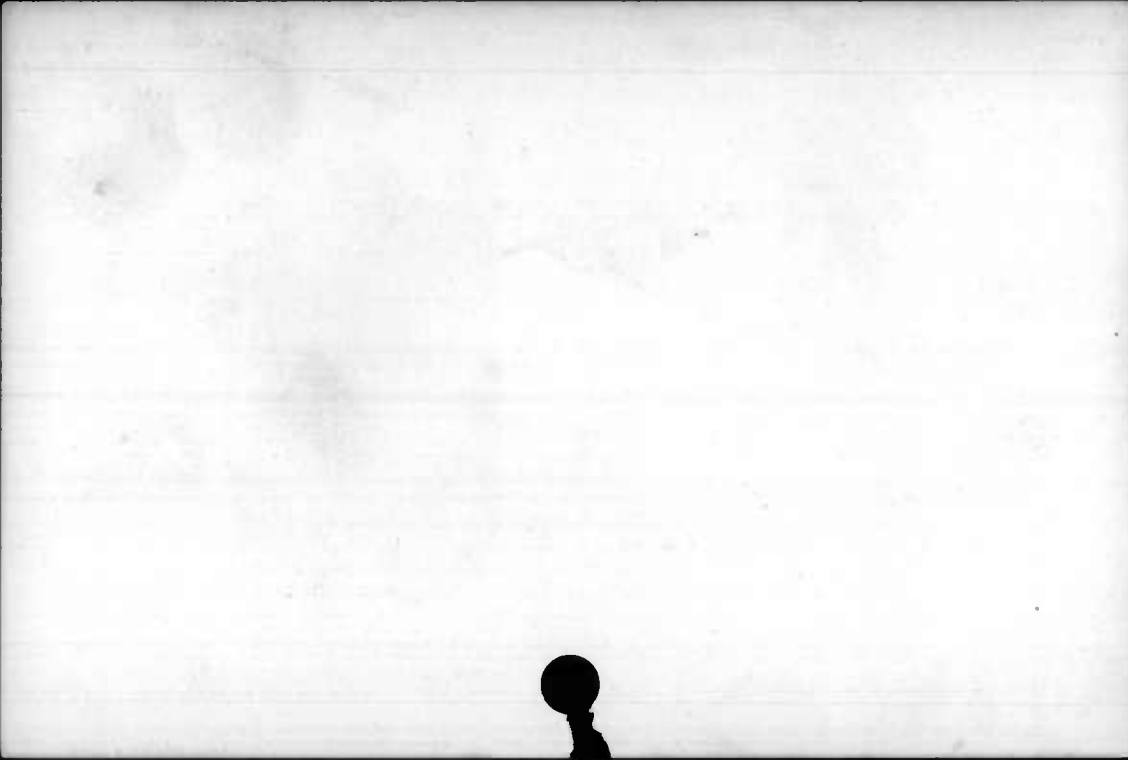
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McDaniel Md</i>		Town <i>2 aelbol</i>		County		
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>McDaniel Md</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>			
Name of Wife or Husband <i>none</i>						
Father's Name <i>Joseph. N. Pratt</i>			Father's Birthplace <i>McDaniel Md</i>			
Mother's Maiden Name <i>Ellen. L. Rideout</i>			Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving information <i>Stephen Pratt</i>			How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>7 days</i>
Immediate <i>Convulsions 105</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Laseock</i>
	Address <i>St. Michaels Md</i>
Accident or Suicide? <i>—</i>	



Addie L Tull

Town

County

Died at

Oxford

Talbot

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug

2<sup>nd</sup>

Age

29

8

Talbot

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

one

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Pregnancy

Eclampsia

How long sick

138

Accident, Suicide, Homicide

Reported by

Address

J. A. Stevens M.D.  
Oxford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Albert D. Turner's

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

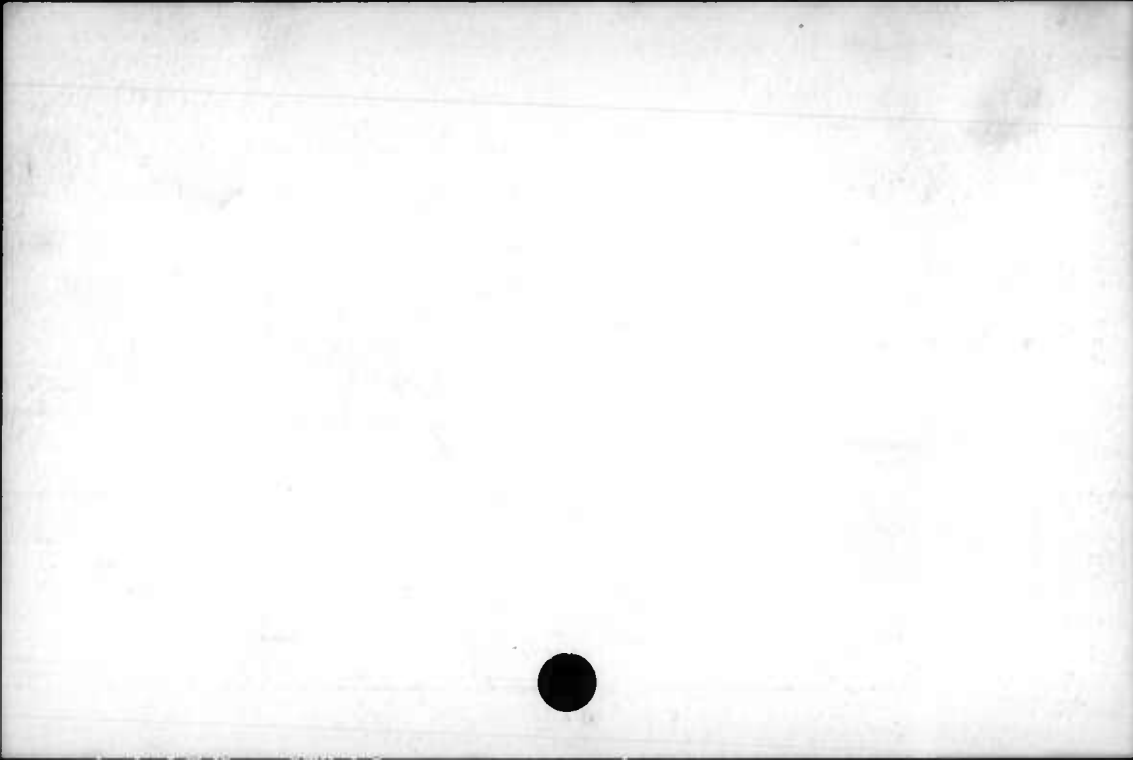
Died at		Town <i>M<sup>d</sup> Daniel</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190	3	Month	8	Day	26	Age	30
Sex		Male		Color or Race		White	
Married, Single or Widowed		Single		Occupation		Salesman	
Name of Wife or Husband							
Father's Name				Joseph T. Turner			
Mother's Maiden Name				Helen D. Kerup			
Name of person giving information				Wm. E. Lowe			
Father's Birthplace				Talbot Co.			
Mother's Birthplace				Talbot Co.			
How related to deceased				Cousin			

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<i>Gasoline Explosion on launch</i>	How long	
Immediate	<i>Launch carrying him to jump overboard and</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Joseph G. Skinner, Jr. P.	
Address		M <sup>d</sup> Daniel	
Acting Coroner		Maryland	
Accident or Suicide?		Accident	





Mary Benson Warren

Town

County

Died at

MARYLAND

Date 1903

Aug. 14

Age

37 6 2

Native of

New York

Occupation

Lady

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

~~Husband~~

Wife of Rev. B. C. Warren D.D.

Father's

Mother's

Name

Thos E Benson

Maiden Name

Elyza Stewart

Cause of

Primary

Acute nephritis

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J D Wellson

Address

Royal Oak Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Margaret Ann Wells

## CERTIFICATE OF DEATH

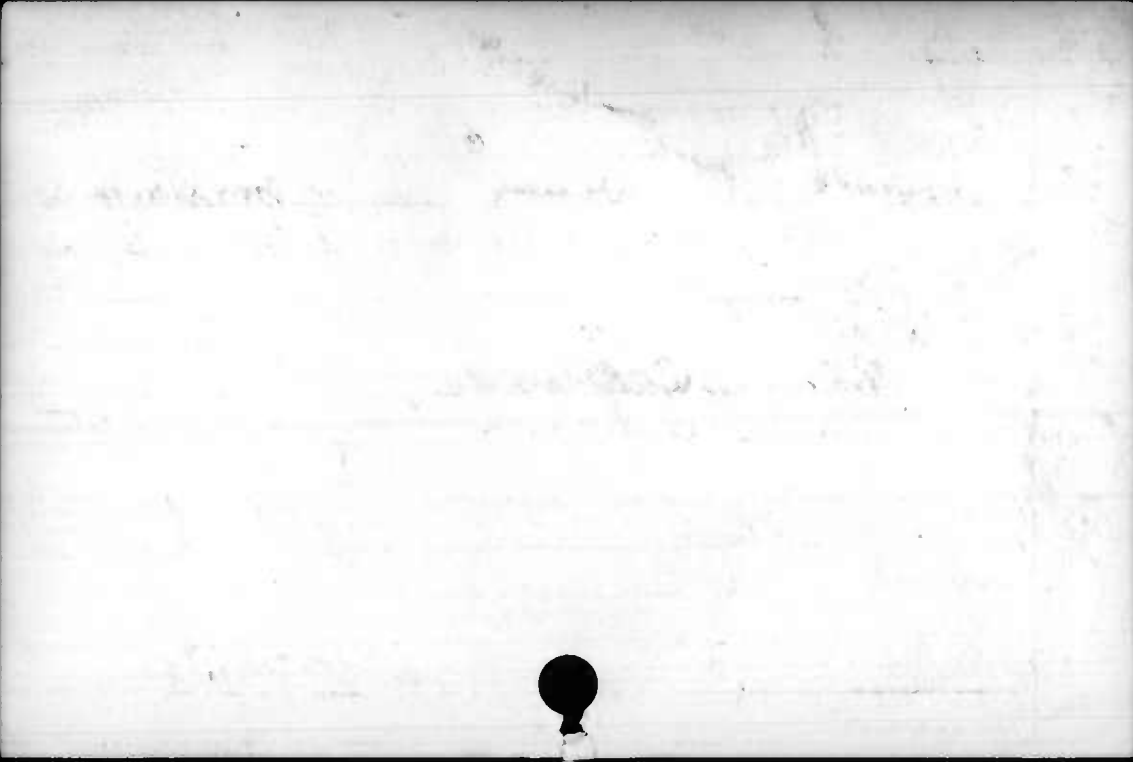
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McDaniel</i>		Town		<i>Salbo</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>22</i>	Age <i>68</i>	Years	Months	Days			
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>McDaniel Md</i>						
Married, Single or Widowed <i>married</i>		Occupation <i>Housewife</i>							
Name of Wife or Husband <i>Wm Wells</i>									
Father's Name <i>Tricky Myers</i>				Father's Birthplace <i>McDaniel Md</i>					
Mother's Maiden Name <i>Eliza Caldwell</i>				Mother's Birthplace <i>McDaniel Md</i>					
Name of person giving information <i>Rosa Adams</i>				How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dysphoid Fever</i>	How long	<i>2.000 weeks</i>
Immediate	<i>Asthenia</i>	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>A. B. Lascoc</i>	
Address		<i>St. Michael's Md</i>	
Accident or Suicide? <i>-</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

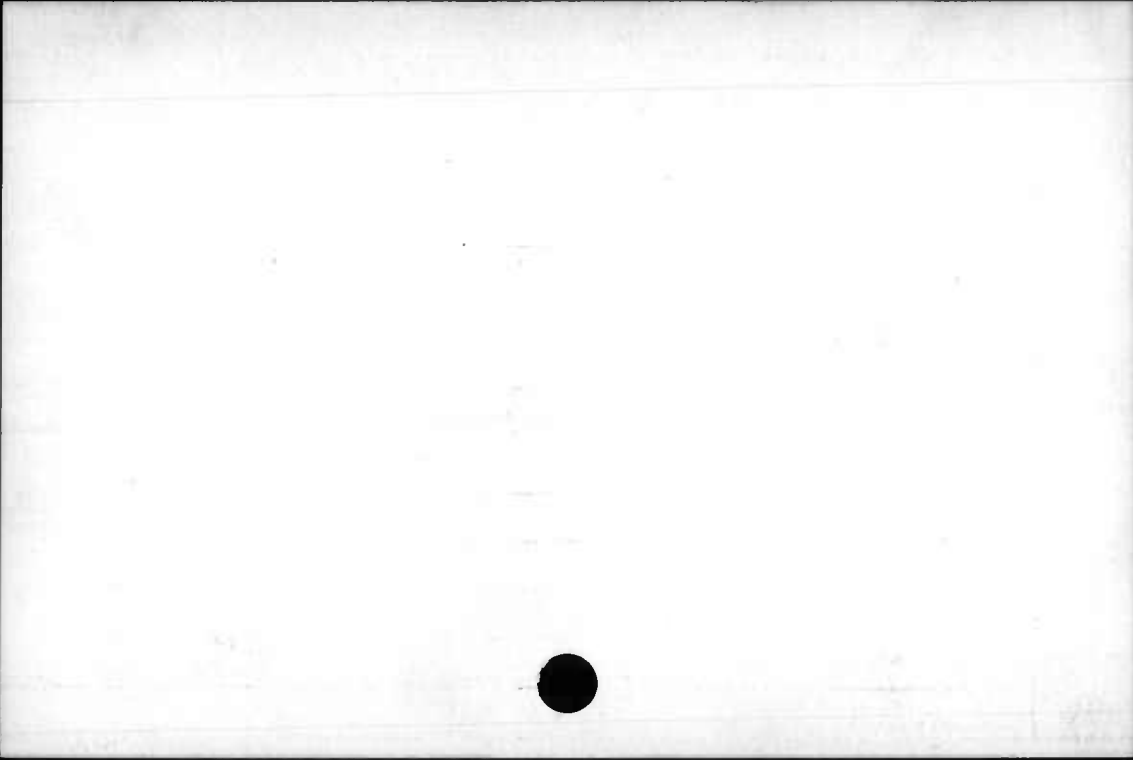
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Wm Louis Woodall</i>		County <i>Salisbury</i>		State <i>MARYLAND</i>	
Died at <i>near Royal Oak</i>		Month <i>8</i>		Day <i>26</i>	
Date of death 190 <i>3</i>		Age <i>3</i>		Years <i>3</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Royal Oak</i>	
Married, Single or <del>Widowed</del>		Occupation			
Name of Wife or Husband					
Father's Name <i>W. W. Woodall</i>		Father's Birthplace			
Mother's Maiden Name <i>Elma Key Burns</i>		Mother's Birthplace			
Name of person giving information <i>Joe W. Burns</i>		How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

*drowning*PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
<i>E. C. Willey Coroner</i>	Address <i>St. Michaels</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *McDaniel* Town *Talbot* CountyDate of death 190 *3* Month *8* Day *25* Age *64* Months DaysSex *Male* Color or Race *White* Birth-place *McDaniel*Married, Single or Widowed *Married* Occupation *Mechanics*Name of Wife or Husband *Sallie Holden*Father's Name *John E. Wrightson*Father's Birthplace *McDaniel*Mother's Maiden Name *Jane Readmond*Mother's Birthplace *St. Marys Co.*Name of person giving information *Mrs. Annie Reynolds*How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Accidental Drowning*How long *172*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Joseph E. Skinner*Address *Rating Coroner  
McDaniel Md.*

Accident or Suicide?

